



**MDUSD ACCOUNTS PAYABLE  
AUTHORIZED SIGNATURE FORM  
FOR OPEN PURCHASE ORDERS**

Effective Fiscal Year: \_\_\_\_\_/\_\_\_\_\_

**AUTHORIZED SIGNER:**

Site Name: \_\_\_\_\_ Site #: \_\_\_\_\_

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_ ID#: \_\_\_\_\_  
(Please print name)

Signature: \_\_\_\_\_  
(As it will appear on Open Order Invoices)

Open Order Purchase Order #	Vendor Name

**PRINCIPAL/BUDGET ADMINISTRATOR:**

I, \_\_\_\_\_, am approving to have the above individual be an authorized signer for invoices on the above listed Open Purchase Order(s) only.

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINCIPAL/BUDGET ADMINISTRATOR

*Send the completed original form to  
Accounts Payable, Fiscal Department, Dent Center*